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Number of pages including this cover sheet: **3**
Date: **August 11, 2006**
From: **T. James Reid**
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To	Fax
United States Patent and Trademark Office	571-273-8300

Message

Patent No. : 6,923,777
Applicant : Mark GARON
Filed : October 1, 2003
Title : BANDAGE COOLING APPARATUS AND METHOD OF USING SAME
Atty. Docket : 14237-25US JR/as

Please see the attached Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address Form.

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VIA FACSIMILE: 571-273-8300

File No.: 14237-25US JR/as

Montréal, Canada

IN THE UNITED STATES PATENTS AND TRADEMARKS OFFICE

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USING SAME

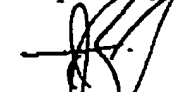
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

A "Revocation of Power of Attorney With New Power of Attorney and Change of Correspondence Address" form PTO/SB/82 executed by the Assignee, MULTIVET INTERNATIONAL INC., is herewith submitted such as to appoint the undersigned Agent as the representative in the above application.

Correspondence in the above application should now be directed to the address associated with Customer Number 020988.

Respectfully,

August 11, 2006

Date

Agent of the Applicant
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Date

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PTO/SB/82 (01-08)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/574,384
Filing Date	October 1, 2003
First Named Inventor	Mark GARON
Art Unit	
Examiner Name	
Attorney Docket Number	14237-25US JR/as

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

020988

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

020988

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Mark Garon

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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